ANNEXURE

PROFORMA

History of the patient

Patient's Name :	Date :
Age / Sex :	OPD/ IPD No. :
Occupation :	Contact No. :
Address :	
Referred by Dr. :	Hospital :

PROFORMA

HISTORY OF PATIENT

NAME:

AGE: Years **SEX:** M/F

DIETARY HABBITS: Vegetarian/Non-vegetarian

PAST MEDICAL HISTORY, IF ANY:

PAST SURGICAL HISTORY, IF ANY:

PAST DRUG HISTORY, IF ANY:

BLOOD PRESSURE: mmHg **PULSE:**

WEIGHT: **HEIGHT:**

EXAMINATION OF PATEINTS, IF ANY:

BIOCHEMICAL INVESTIGATIONS TO BE CONDUCTED:

FBG: **TC: TG:**

HDL-C:LDL-C: **VLDL-C:**

Total Bilirubin: **Total Protein:Albumin:**

A/G ratio:AST: **ALT:**

ALP: **GGT:Insulin:**

hs-CRP:MPV: **Serum Ferritin:**

CONSENT FORM

I .....son/daughter/wife of.....exercising my free power of choice, hereby give my consent to be included in the study: "**Study of Non alcoholic fatty liver disease in Type 2 diabetic subjects"**

. I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

सहमतिफार्म

मैं .....पुत्र/पुत्री /पत्नी/.....स्वयंइसअध्ययनमेंभागलेनारहा/रहींहूं I

मैंस्वयंमुझेसेसंबंधीसूचनाइसअध्ययनकार्यमेंप्रकाशितकरनेकीसहमतिदेता/देतीहूं I

मैंसमझता/समझतीहूंकिमेरापहचानगोपनीयरखीजाएगी।

एकबारहस्ताक्षरकेपश्चातमैंसहमतिरद्दनहींकरसकता/सकतीहूं I

सहभागी

नाम:.....

हस्ताक्षर/अगुठेकानिशान:.....दिनाक:.....
.....